

**MOTOROLA**

FAX TRANSMITTAL SHEET

Motorola, Inc.  
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 Number of Pages (including this page)

**Date:** July 20, 2006

**To:** Examiner Figueroa, Marisol -- Group 2617

**Location:** United States Patent and Trademark Office

**Fax No.:** 571-273-8300

**From:** Simon B. Anolick (Registration No. 37,585)

**Subject:** Serial No. 10/714077 --Anotoly S. Belkin

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Enclosed herewith, please find a RESPONSE Office Action for filing in the below-identified application.

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EXAMINER:	<b>Figueroa, Marisol</b>
GROUP ART UNIT:	<b>2617</b>
SERIAL NO.:	<b>10/714077</b>
FILED:	<b>November 14, 2003</b>
INVENTOR:	<b>Anotoly S. Belkin</b>
ATTORNEY DOCKET NO.:	<b>CE10641R</b>

PTO/SB/21 (08-00)

<b>TRANSMITTAL FORM</b> <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/714077
	Filing Date	November 14, 2003
	First Named Inventor	Anotoly S. Belkin
	Group Art Unit	2617
	Examiner Name	Figueroa, Marisol
Total Number of Pages in this Submission	Attorney Docket Number	CE10641R

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Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	Simon B. Anolick	Registration No.	37,585
Signature	<i>Simon B. Anolick</i>		
Date	July 20, 2006		

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Typed or printed name	Simon B. Anolick
Signature	<i>Simon B. Anolick</i>
Date	July 20, 2006

<b>FEE TRANSMITTAL</b> Patent fees are subject to annual revision <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<b>Complete if Known</b>			
		Application Number		10/714077	
		Filing Date		November 14, 2003	
		First Named Inventor		Anotoly S. Belkin	
		Examiner Name		Figueroa, Marisol	
Group Art Unit		2617			
TOTAL AMOUNT OF PAYMENT		(\$)		Attorney Docket No. CE10641R	

  

<b>METHOD OF PAYMENT (check all that apply)</b> <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number <u>502117</u> Deposit Account Name <u>Motorola, Inc.</u> The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fees(s) indicated below, except for the filing fee to the above-identified deposit account.	<b>FEE CALCULATION (continued)</b> <b>3. ADDITIONAL FEES</b> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> </tr> <tr> <th>Code</th> <th>Fee (\$)</th> <th>Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>85</td><td>Surcharge - late filing fee or oath</td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late Provisional filing</td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td></tr> <tr><td>1812</td><td>2520</td><td>1812</td><td>2520</td><td>For filing a request for ex parte Reexamination</td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIF prior to Examiner action</td></tr> <tr><td>1805</td><td>1840*</td><td>1805</td><td>1840*</td><td>Requesting publication of SIF after Examiner action</td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td></tr> <tr><td>1252</td><td>420</td><td>2252</td><td>210</td><td>Extension for reply within second month</td></tr> <tr><td>1253</td><td>950</td><td>2253</td><td>475</td><td>Extension for reply within third month</td></tr> <tr><td>1254</td><td>1480</td><td>2254</td><td>740</td><td>Extension for reply within fourth month</td></tr> <tr><td>1255</td><td>2010</td><td>2255</td><td>1005</td><td>Extension for reply within fifth month</td></tr> <tr><td>1401</td><td>330</td><td>2401</td><td>165</td><td>Notice of Appeal</td></tr> <tr><td>1402</td><td>330</td><td>2402</td><td>165</td><td>Filing a brief in support of an appeal</td></tr> <tr><td>1403</td><td>290</td><td>2403</td><td>145</td><td>Request for oral hearing</td></tr> <tr><td>1451</td><td>1610</td><td>1451</td><td>1510</td><td>Petition to institute a public use proceeding</td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - 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<b>1. BASIC FILING FEE</b> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1001</td><td>300</td><td>Basic filing fee</td><td></td></tr> <tr><td>1002</td><td>500</td><td>Utility search fee</td><td></td></tr> <tr><td>1003</td><td>200</td><td>Utility examination fee</td><td></td></tr> <tr><td>1005</td><td>200</td><td>Provisional filing fee</td><td></td></tr> </tbody> </table> <p style="text-align: right;"><b>SUBTOTAL (1) (\$)</b> _____</p>	Large Fee Code	Entity Fee (\$)	Fee Description	Fee Paid	1001	300	Basic filing fee		1002	500	Utility search fee		1003	200	Utility examination fee		1005	200	Provisional filing fee		<b>2. EXTRA CLAIM FEES</b> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Total Claims</th> <th>Previously Paid**</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>20</td> <td>20</td> <td>0</td> <td>50</td> <td>0</td> </tr> <tr> <td>8</td> <td>0</td> <td>4</td> <td>200</td> <td>800</td> </tr> <tr> <td colspan="3">Multiple Dependent</td> <td>360</td> <td></td> </tr> </tbody> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>1202</td><td>50</td><td>Claims in excess of 20</td></tr> <tr><td>1201</td><td>200</td><td>Independent claims in excess of 3</td></tr> <tr><td>1203</td><td>360</td><td>Multiple dependent claim, if not paid</td></tr> <tr><td>1204</td><td>200</td><td>* Reissue independent claims over original patent</td></tr> <tr><td>1205</td><td>50</td><td>* Reissue claims in excess of 20 and over original patent</td></tr> </tbody> </table> <p style="text-align: right;"><b>SUBTOTAL (2) (\$)</b> <u>800.00</u></p>	Total Claims	Previously Paid**	Extra Claims	Fee from below	Fee Paid	20	20	0	50	0	8	0	4	200	800	Multiple Dependent			360		Large Fee Code	Entity Fee (\$)	Fee Description	1202	50	Claims in excess of 20	1201	200	Independent claims in excess of 3	1203	360	Multiple dependent claim, if not paid	1204	200	* Reissue independent claims over original patent	1205	50	* Reissue claims in excess of 20 and over original patent
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\*\*or number previously paid, if greater. For Reissues, see above.

  

<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>	
Name (Print/Type)	Simon B. Anolick	Registration No.	37,585
Signature		Telephone	847-576-4234
		Date	July 20, 2006

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Belkin, Anatoly S., et al.

EXAMINER: Figueroa, M.

SERIAL NO.: 10/714,077

GROUP: 2681

FILED: November 14, 2003

CASE NO.: CE10641R

TITLED: Method and Apparatus for Reformatting Dialed Numbers

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Corporate Offices  
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Schaumburg, IL 60196

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on <u>July 20, 2006</u>	
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Name of applicant, assignee, or Registered Representative	Date
<u>Simon B. Anshel</u>	
Signature	

AMENDMENTCommissioner of Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Sir:

Together with this Amendment, Applicants file a Request for Continuing Examination. This Amendment is responsive to the Final Office Action mailed November 2, 2005. Please enter the following amendment and remarks in the above-entitled application, without prejudice or disclaimer.